

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6637**  
Registrar's No. **1665**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>2079</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>8 days</b>		d. STREET ADDRESS (If rural, give location) <b>7 4702 Lee Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harley</b>		b. (Middle) <b>Emanuel</b>	
		c. (Last) <b>Olson</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 20, 1954</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April 1, 1880</b>
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School teacher-retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Grand Rapids, Michigan /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Olson</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Rendstrom</b>	
		14. NAME OF HUSBAND OR WIFE <b>Audora Olson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Miss Velma Olson, 4702 Lee Avenue</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mesenteric Thrombosis.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Aneurysmal Degeneration</b> DUE TO (c) <b>Arteriosclerotic C.V. Disease</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>1-wk.</b> <b>1-yr.</b> <b>10-yr.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? <b>4221</b>	
22. I hereby certify that I attended the deceased from <b>2-12-54</b> , 19 <b>54</b> , to <b>2-20</b> , 19 <b>54</b> ; that I last saw the deceased alive on <b>2-20-54</b> , 19 <b>54</b> , and that death occurred at <b>2 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John J. Kennedy M.D. Ch.</b>		23b. ADDRESS <b>8453 Riverview</b>	
		23c. DATE SIGNED <b>2-21-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>Feb. 22, 1954</b>	
		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Ann Arbor, Michigan</b>	
DATE REC'D BY LOCAL REG. <b>FEB 23 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>Shepard Funeral Home, 1167 Hamilton Ave.</b>	
		ADDRESS <b>St. Louis, Mo.</b>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Frederick Starnes*

Licensed Embalmer No. *4788*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.